4-4 99

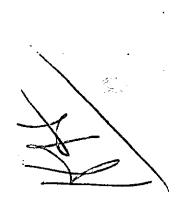
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

Do	not	use	this	SDBC 6

43000

	TE OF DEATH		x_0 000		
1. PLACE OF DEATH			1 FROTE		
County	Registration Distric	t No	1011	File No.	
Township	Primary Registration		1000	Registered No.	38
City (No	St no	n/2 5	nfimery	St	
2 FULL NAME & dward Alows	bar.				,
(a) Residence, No. 26 2	illan 10.	2.	Ward	•••••••••••••••••••••••••••••••••••••••	
(Usual place of abode) Length of residence in city or town where death occurred	yrs. mos.	ds. H	(If non low long in U. S., if of fore	resident, give city or town an eign birth? yrs. m	d State) os. ds.
PERSONAL AND STATISTICAL PARTI	CULARS	U	MEDICAL ÇERTI	FICATE OF DEATH	
DIVORCED (WT			DEATH (MONTH, DAY, AND		, 19 <i>3</i> /
· · · · · · · · · · · · · · · · · · ·	nud _			IFY, That I attended de	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF MED OF Martha Jaw			(, to 12/30		
	I last saw h./.	2h alive on $2/3/3$	3/ 193/	Death is said	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Gril 4		rred on the date stated a			
7. AGE YEARS MONTHS DAYS	If LESS than 1 day,hrs.	The principal	cause of death and rela	ated causes of importance wer	Date of onset
52 8 26	ormin.	Chras	nic myoca	rditis	Date of onser
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	1 chr	mix my	shite		
9. Industry or business in which	Sh y	eac acres	wor-		
work was done, as silk mill, saw mill, bank, etc.	10	anaean	ra		
10. Date deceased last worked at this occupation (month and sper	time (years)	Other centril	outory causes of importan	ice.	***************************************
12. BIRTHPLACE (CITY OR TOWN)	••••••••••••••••••	/ (2)	1		
g				<u>[</u>	
里 13. NAME		Name of ope	ration	Date of	
13. NAME 14. BIRTHPLACE (CITY OR TOWN).	What test cor	afirmed diagnosis?	Was there an autor	рву? У	
15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN)				es (violence), fill in also the fo	_
5 16. BIRTHPLACE (CITY OR TOWN)			jury occur?(Spec	ify city or town, county, and	State)
(STATE OR COUNTRY)	Specify wheth	her injury occurred in ind	ustry, in home, or in public pl	ace.	
17. INFORMANT SISHING MARIE GIVENNAN					
18. BURIAL, CREMATION, OR REMOVAL	Nature of inj	ıry	***************************************	·····	
PLACE Calvery Cem DATE for	24. Was dise	ase or injury in any way i	related to occupation of deceas	sed? Vo	
19. UNDERTAKER JAL Methen Lalle	If so, specify.	2/ 4	l'ange		
20. FILEDIAN -2 1937 Way 177	(Signed).	_ ///	apin	, M. D.	
<u> </u>	Registrar.			<u> </u>	



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